FCC 395

SECTION 1 - General Information

FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

1. Name and Malling Addres	s of R	tespondent														
Lafayette City-Parish Consolidated Government PO Box 4017-C Lafayette, LA 70502														Check here if this is a change of address.		
2. Year Report Filed			3. Reporting	Period (End	ling Date of P	ву		4. Number	of Full-Time Er	nployees du	ring Selected					
2017				overed by Re 2/2017	port)			Reporting a Fr	g Period (checi swer than 16 (c 3 or more (com			÷				
SECTION II - Full-Time Emp	loyes	8.														
Job	ļ	Number of Employees (Report employees in only one category) Rece/Ethnicity														
Categories			anic or Nino		Not-Hispanic or Latino											Total
		<u> </u>	,	ļ		Ma 	ile					Fen		Columns A - N		
		Male	Female	White	Black or African American	Native Hawallan or Other Pacific Islander	Asian	American Indian or Alaska Native	taces	White	Black or African American	Native Hawaiian or Other Pacific Islander	Aslan	American Indian or Aleska Native	Two or more races	
		A	8	С	D	E	F	G	н	-	J	к	L	М	И	0
Executive/Senior Level Officials and Managers	1.1			2						ŀ						3
Firs/Mid-Level Officials and Managers	1,2			6	<u></u>					3	2					11
Professionals	2			6	<u> </u>											6
Technicians	3			16	6		1									23
Sales Workers	4	<u> </u>			1						ŀ					2
Administrative Support Workers	6			1	1					2	1					5
Craft Workers	6															0
Operatives	7															0
Laborers and Helpers	в															0
Service Workers	9			8	1					6						15
TOTAL	10	0	0	39	9	0	l	0	0	12	4	0	0	0	0	65
		I	I		1	1 .					Ι	I				

FCC 995 Revised December 2007

SECTION III - Part-Time Empl	loyess.																
		Number of Employees (Report employees in only one category)															
Job							(report emp	Race/Ethnicity		7)							
Categories		panic or	<u> </u>	Not-Hispania or Latino													
	'	.atino			Me	ale			Female						Total Columns		
	Male	Female	While	Black or African American	Native Hawalien or Other Pecific Islander	Aslan	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawalian or Other Pacific Islander	Aslan	American Indian or Alaska Native	Two or more races	A-N		
	A	В	С	D	E	F	9	н	ı	J	к	L	М	N	0		
Executive/Sentor Level Officials and Managers	1.1	1													0		
First/Mid-Level Officials and Managers	1.2														0		
Professionals	2														0		
Technicians	3														0		
Sales Workers	4														0		
Administrative Support Workers	5														0		
Craft Workers	6												T		0		
Operatives	7														0		
Laborers and Helpers	8														0		
Service Workers	9														0		
TOTAL	10 0	0	0	0	0	0	0	0	0	0	0.	0	0	0	0		
PREVIOUS YEAR TOTAL	11														0		
SECTION IV - Report of Discri	imination Com	plaints Pursus	int to 47 CFI	R 22.321, 23.6	5, 90.168, 101	.4, and 101	.811.				***************************************			L.,			
This is to advise th company before an This is to advise the (Attach a list indice	ny body having : se Commission t	competent juris hat the followin	diction in sue g complaints	ch matters duri s alleging viola	ing the calenda tions of the arc	er year cove ovisions of a	red by this rep ny equal empi	ort. ovment opport	unity atetute	hava been fil	ed ensinet this	COMMANY					
SECTION V - Certification'						_											
		ed or Printed Name of Person Signing Signature Telephone No.															
04/27/2017	Rick Zen				Kech Land								(337) 291-8228				
Title of Person Signing Human Resources	OF ANY STA	FALSE STATI	EMENTS M	OF ON THIS STRUCTION	FORM ARE P PERMIT (47 U	UNISHABL .S.C. 312 (A	E BY FINE AN J(1) AND/OR	IDIOR IMPRIS	ONMENT (1	18 U.S.C. 1001 503).) AND/OR RE	VOCATION					